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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted On Submitted after initial with initial Filing <input checked="" type="checkbox"/> Declaration Filing (surcharge (37 CFR 1.16(e) required)	Attorney Docket Number	SOMMR-002USCB
	First Named Inventor	P. KAYE ET AL.
	COMPLETE IF KNOWN	
	Application Number	10/010,613
	Filing Date	December 5, 2001
	Group Art Unit	2876
	Examiner Name	K. FRECH

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CODED ITEMS FOR LABELING OBJECTS

the specification of which

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 12-05-2001 as United States Application Number or PCT International
Application Number 10/010,613 and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached	
				YES	NO
PCT US95/00756	PCT	03/15/95	X	<input type="checkbox"/>	X
PCT GB96/02617	PCT	10/25/96	X	<input type="checkbox"/>	X
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

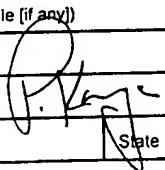
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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DECLARATION — Utility or Design Patent Application							
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.							
U.S. Parent Application or PCT Parent Number				Patent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)	
08/737,532 09/634,514 09/066,296				10/25/96 04/27/1998			
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02 attached hereto.							
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:							
<input type="checkbox"/> Customer Number _____ →				Place Customer No. Bar Code Label Here			
OR							
<input type="checkbox"/> Registered practitioner(s) name/registration number listed below							
Name		Registration Number		Name		Registration Number	
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB02C attached hereto.							
Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label _____				OR <input checked="" type="checkbox"/> Correspondence Address Below			
Name		Kit M. Stetina					
Address		STETINA BRUNDA GARRED & BRUCKER					
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Country		U.S.A.	Telephone		(949) 855-1246		Fax (949) 8955-6371
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
PAUL H.				KAYE			
Inventor's Signature						Date	1.3.02.02
Residence: City		KIMPTON	State		Country	GB	Citizenship GB
Post Office Address		1 Coopers Close					
Post Office Address							
City		Kimpton	State		Herts.	ZIP SG4 8QU	Country GB
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB02A attached hereto.							



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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page ____ of ____

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Inventor's Signature		Date 13.02.02	
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Mailing Address			
Mailing Address			
City		State	

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